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Veteran Transition Center's Coming Home Program

Kelly Hieger

California State University, Monterey Bay

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**Senior Capstone Project
Veteran Transition Center's
Coming Home Program
The Second Edition**

Keywords: homelessness, veterans, housing, mental illness, substance abuse

Abstract: This paper states the process in which a transitional housing program was revised to better suit the needs of the clients served by Veterans Transition Center. It includes a literature review of the issues faced by homeless veterans and some of the information gathered from community agencies that were willing to share their experiences in drug/alcohol recovery and transitional housing programs.

Executive Summary:

I have been working for the Veterans Transition Center (VTC) for the past three years. I am currently the Supervisory Case Manager for VTC's twenty-four month transitional housing, The Coming Home Program. The population that VTC serves is the homeless veterans and their families of Monterey County. VTC's mission is to help the veterans of Monterey County achieve their highest level of self-sufficiency.

Homelessness is a problem all around the country, but Monterey County is particularly affected because of the high cost of living and rental prices. It is estimated that there are up to 2400 homeless veterans in Monterey County in a given year, and 692 homeless veterans on any given night (Monterey County Homeless Census and Needs Assessment, 1999). There are many issues that can cause or add to other problems that end in people becoming homeless. Some of these problems include: drug addiction, alcohol addiction, lack of education, lack of job training, lack of family/community support, psychological issues, and medical issues, to name the main issues that the homeless face.

However, the problem that is to be addressed in my capstone project deals more with an organizational issue, not the actual problem of homelessness. VTC has been in operation for a year with a written program that did not suit the agency or the clients. What I have done is re-written the program, taking into account the Coming Home Program's first year of operation and interviews with staff at other transitional housing and drug/alcohol recovery programs. The information gathered resulted in the second edition of a program manual that will enable staff to reach their mission of helping these homeless veterans achieve their highest level of self-sufficiency.

Background

I am working for the Veterans Transition Center of Monterey County (VTC), in Marina, California, a 501(c) 3 non-profit organization, as a Supervisory Case Manager (See attached organizational chart). I began working with this agency in February 2000, as an intern from the Collaborative Health and Human Services major. In July of 2000, my mentor left the agency to move out of state, and I was offered the position of Outreach Case Manager. In this capacity, I worked on the streets of the Monterey Peninsula and Salinas trying to identify and assist the homeless veterans of Monterey County by providing them with food, blankets, clothes, bus tickets, access to VA healthcare, and other such emergency services. As our agency grew and was able to expand, we opened our transitional housing in April of 2002. I began spending more time in direct case management with the single female veterans and veterans with families that had come into our transitional housing program. In August of 2002, I was honored with a promotion to Supervisory Case Manager, overseeing the two other case managers in our agency.

The population that our agency serves is the homeless veterans and their families of Monterey County. It is estimated that there are up to 2400 homeless veterans in Monterey County in a given year, and 692 homeless veterans on any given night (Monterey County Homeless Census and Needs Assessment, 1999). The mission of our agency is to help the veterans achieve their highest level of self-sufficiency.

When Fort Ord closed down in 1994, then California State assemblyman Leon Panetta rallied around the idea that some of the land should be set-aside

for homeless veterans in the county, as the land was a former Army base. Under the Stewart B. McKinney Act, Veterans Transition Center (then under the guidance of the Vietnam Veterans of Monterey County) was allotted Martinez Hall, the former base reception center and Officers Club, for its administrative offices and service center, forty units of housing, and two annex buildings. Martinez Hall and twenty units of housing have been renovated and are now and in use to assist in serving the homeless veterans of Monterey County.

Problem Statement

Homelessness is a problem all around the country, but Monterey County is particularly affected because of the high cost of living and rental prices. There are many agencies in the county that attempt to lessen the effects of homelessness on the people in that situation, but much more needs to be done. Veterans Transition Center attempts to address the problem by offering transitional housing of up to twenty-four months to the homeless veterans and their families who are trying to help themselves get back on track in their lives.

There are many issues that can cause or add to other problems that end in people becoming homeless. Some of these problems include: drug addiction, alcohol addiction, lack of education, lack of job training, lack of family/community support, psychological issues, and medical issues, to name the main issues that the homeless face.

Although statistics vary considerably, the official national estimate is between 567,000 and 600,000 homeless individuals, and this number continues to grow in urban and rural communities nationwide. Furthermore, it is estimated that on any given day, there are approximately 200,000 veterans experiencing

homelessness, with twice that amount homeless during the course of a year (Applewhite, 1997).

Veterans in a study self-reported a high incidence of health and mental health problems, limited resources, negative public perceptions and treatment, insensitive service providers, dehumanizing policies and procedures, and high levels of stress and frustration with the service delivery system. They encountered personal, situational, and bureaucratic barriers to obtaining services and were highly critical of service providers (Applewhite, 1997).

In a research project completed by Marilyn Winkleby (1993), it was found that both combat and non-combat exposed veterans were significantly more likely to report excessive alcohol consumption before their initial loss of shelter than were non-veterans. The extended time from discharge to homelessness suggests that higher prevalence of alcohol consumption, psychiatric hospitalization, and physical injury among veterans, especially those exposed to combat, may not have arisen from military service. It is possible, however, that such disorders may be considerably delayed before becoming serious enough to impact one's family, work, and the availability of shelter.

Another project completed has also found how alcohol consumption while in the military may lead to the problem later in life. "Indeed, it is possible that a number of service personnel exit the military having formed a problematic relationship with alcohol. Expression of reliance on alcohol may be made relatively legitimate by seeking out the company of others characterized by similar drinking patterns. In this way, pariah-like status of 'street drinkers' many of

whom are homeless, may be shaped into ritualized, group consumption in high profile public spaces, through which a strong sense of belonging is fostered,” (Higate, 2000).

Recent research has indicated a pattern of influences which predispose veterans to homelessness, including extreme poverty as well as post military psychiatric disorder and social isolation. It appears that at least some of the problems that put veterans at risk of homelessness were not present when they were screened for military services, but instead developed later (Tessler, 2002).

In order to address the problem of homelessness in the veteran population there are programs being put into place. There are non-profit organizations all around the country that provide emergency services to the homeless veterans, and there are also organizations such as Veterans Transition Center that provide transitional housing, and permanent housing to these veterans. The Department of Veterans Affairs has money to provide support to this specific population, through its services and through the agencies with the mission of helping homeless veterans.

However, the problem that is addressed in my capstone project deals more with an organizational issue, not the actual problem of homelessness. VTC had one of its board members write a program for its transitional housing, the Coming Home Program. After eleven months of operation, it was concluded that the program written by the board member was not working as planned. My agency supervisor asked me to take what the board member had written, along with our experiences over the past year, to edit and re-write the program so that it would fit our transitional housing project.

By re-writing the program, our agency will improve the services to our clients and to offer them more assistance in the twenty-four months they have in our transitional housing. If we can improve our program, the clients will benefit in the end by receiving better service from our organization. Therefore it will be easier for them to be successful in the larger community.

The program re-write was accomplished by taking into account what the agency learned over the past year of operation. I also drew on what I learned from other transitional housing programs and drug rehabilitation agencies that I interviewed. The information from other agencies, which have been in operation much longer than VTC, has been invaluable in determining what was added and deleted from the old edition of the program.

In speaking with agencies such as Pueblo Del Mar, a transitional housing program for families in recovery, VTC learned about the social model and how it applies to a transitional housing program. Pueblo Del Mar is self-governed by its Resident Council, with only three full-time staff to intervene if a decision cannot be made by the council. This program does not believe in making any part of the program “mandatory”, except being clean and sober. If people in the program are using, the other community members will notice because they are all recovering addicts of some sort. It is this ideal that keeps residents in the program continuing on their journey to recovery.

From Pueblo Del Mar, I have learned how important it is to have a Resident Council that can take care of some of the minor problems in the community. This not only relieves staff from overload, but also gives the residents a sense of personal empowerment, thus leading to self-sufficiency by

making decisions in their own life. Pueblo Del Mar has given us the by-laws for their Resident Council so that VTC may allow their residents to begin developing a Resident Council of their own.

As many of the veterans that come to VTC for help are addicted or in recovery from alcohol and/or drugs, I felt it necessary to also speak with drug recovery programs in the area. In a meeting with Sun Street Centers in Salinas, also based on a social model, I learned how having a supportive environment is important to remaining clean and sober. VTC currently has one Narcotics Anonymous and one Alcoholics Anonymous meeting at the site each week, but has learned that many more are needed. Since so many addicts fall out of recovery, VTC will begin putting preference on those veterans coming out of a drug/alcohol recovery program because their likelihood of remaining clean and sober is much higher than those coming off the streets. VTC has had much success with its clients who come to CHP from both Sun Street Centers and Genesis House in Seaside.

Because our transitional housing program is twenty-four months in length, the program manual that I develop cannot be evaluated in time for the capstone festival. There will be ongoing evaluation by the agency, now that the new edition of the program has been implemented, to ensure success.

CSUMB Vision Statement and MLO Competencies

This project addresses the CSUMB Vision Statement by my serving the low-income population here on the Monterey Peninsula during my internship time, "...campus will be distinctive in serving the diverse people of California, especially...low-income populations." This shows that while I have attended

CSUMB, I have made a collaborative partnership with a local non-profit organization. One of the points that the Vision Statement makes is that the education programs will "...Integrate work and learning...", with this internship experience, the organization is now allowing me the opportunity to show the proof of what I have learned at this college by writing a program for them. It indicates my experience and ability to contribute to California's high quality work force, my critical thinking skills, and my responsibility and skills to be a community builder.

The first MLO that I addressed in my Capstone project is that of Collaboration. This was done through my visits and phone calls to other transitional housing and drug/alcohol sites and gathering information about their programs. The information gathered was compared to what we had been doing, and using their ideas, I have improved the curriculum of VTC's program. The evidence of this is shown in the written presentation of the program manual and the new components that have been added or adjusted to the program as a result of the meetings with these professionals.

The second MLO I have addressed is Personal and Professional Communication. The evidence for this MLO comes in the written presentation of the second edition of the Coming Home Program Manual. The professional way in which the program is written and presented will attest to meeting this MLO. This MLO will also be addressed in my formal presentation of my project at the Capstone Festival.

The third MLO I have addressed is Knowledge of Health and Human Services. I exhibit this MLO by using the information attained through other

programs and the experiences of a year in operation, as well as using ideals learned in the classroom, to assess what will best suit the homeless veteran population. The evidence of this is reflected in the writing of the Coming Home Program manual.

A fourth MLO this project focused on is the Systems Management MLO. It has looked at the program's ability to deliver appropriate services by reviewing the agency's previous system and builds on that. In order for this to have happened, I had to understand what was working and what needed to be improved. This was also accomplished by my having a working knowledge of what grants the organization is receiving, and writing the new program with those regulations in mind.

I did not deal with any human subjects issues. This project used information gathered by myself with input from other staff, to produce a more effective program. No clients were surveyed during the completion of this project.

I will present my project in PowerPoint format at the Capstone Festival. This will include my experiences speaking with other human service professionals, how the project advanced, problems I have faced while completing the project, and what was helpful in completing the project.

Conclusion

This was a long journey for me, but something that has been extremely useful to my colleagues and myself. Writing this new edition of the Coming Home Program has answered questions about what types of information and curriculum should be added to the program, and what was not needed and could

be deleted. Although it was not possible to evaluate this new edition of the program before the capstone festival, all that we can hope for is a better chance for our homeless veteran clients. I truly believe that this program will help them achieve their greatest level of self-sufficiency and lead them towards a bright new future.

Bibliography

Applewhite, S. (1997). Homeless veterans: perspectives on social service use. *Social Work, 42 (1)*, 19-31.

Applied Survey Research. (1999). *Monterey County Homeless Census and Needs Assessment*

Higate, P. (2000). Ex-servicemen on the road: travel and homelessness. *Sociological Review, 48 (3)*, 331-349.

Humphreys, K. & Rosenheck, R. (1995). Sequential validation of cluster analytic subtypes of homeless veterans. *American Journal of Community Psychology, 23 (1)*, 75-99.

Tessler, R., Rosenheck, R., & Gamache, G. (2002). Comparison of homeless veterans with other homeless men in a large clinical outreach program. *Psychiatric Quarterly, 73 (2)*, 23-39.

Winkleby, M.A. & Fleshin, D. (1993). Physical, addictive, and psychiatric disorders among homeless veterans and nonveterans. *Public Health Reports, 108 (1)*, 30-37.



Veteran Transition Center's Coming Home Program Patton Park: 2nd Edition

Overview

Veterans Transition Center (VTC) presents the Coming Home Program (CHP), a transitional housing program for homeless veterans. The program addresses the support and services veterans need to transition from homelessness to self-sufficiency and life in the larger community.

CHP is divided into FOUR stages:

- **Stage 1 - THRESHOLD (Intake/Probation) (90 days)**
- **Stage 2 - LIFE SKILLS (Months 4 – 15)**
- **Stage 3 - COMMUNITY RE-ENTRY (Month 16 – Program Exit)**
- **Stage 4 - Alumni**

Homeless veterans will be selected for CHP from the ongoing VTC outreach caseload based on the client's application for the housing program (CHP) and recommendation of their case manager. Potential residents can also be selected from other sources, including Veterans Administration - Menlo Park Programs, Sun Street Programs, Genesis House, and Door to Hope, as well as other various programs. Once identified, these other source CHP candidates must follow the same steps for CHP admission as the housing candidate applicants from VTC's outreach clients.

Two criteria that must be met for housing selection by all applicants are validated veteran status and a certified period of 60 consecutive days of being clean and sober. This can be verified through a drug/alcohol treatment facility, through signed Narcotics Anonymous or Alcoholics Anonymous slips for 60 consecutive days, or a letter from a service professional assisting the veteran.

VTC will have "Zero Tolerance" for drug and/or alcohol use in the CHP. If a client tests positive for any of these substances, he/she will be required to complete at minimum a 30-day in-patient drug/alcohol program. If the client successfully completes this program and is still interested in being part of CHP, they will be given the chance to return. The second time a client relapses they will be asked to leave the program to find a more supportive recovery environment.

Other housing selection criteria include medical, criminal and social services background checks, a comprehensive overall and psychological assessment, and case manager observed factors to include but not limited to: motivation, response to case manager and program initiatives, progress toward self sufficiency during the outreach phase, inclination toward violence and judged ability to get along with others and potential residents.

It is critical to VTC, the program and the clients that the housing selection process be rigorous. If individuals whom VTC cannot help and/or those who have identified or predicted behaviors that could/would endanger the program, staff or other housed clients are selected, then the program, VTC, other clients and the individual will be injured. It is in no one's interest to have that happens and this is the main reason that the housing selection process must be rigorous, detailed, in-depth and yet timely. Once the housing selection is made in the interest of the applying client, VTC is making a commitment to the client: this commitment includes our best efforts to assist him/her in life choices as well as an involvement in a therapeutic community. Additionally, this commitment involves a great amount of time, money, property, and effort on many individuals' part. It is therefore paramount that the housing selection process be very thorough and complete.

Following the THRESHOLD stage (which will last for 90 days), the successful housed client will enter the LIFE SKILLS Stage. This stage will take up most of the two-year time the client will be in VTC's CHP, from month 4 through month 15. During this stage the client will be working on his/her issues, problems, developing LIFE SKILLS, learning to handle intra and interpersonal interactions, learning to successfully deal with life through interactions with his CHP community, Case managers, counselors, therapists and the "real world" as he/she works in the job market.

After completing the LIFE SKILLS stage, the client will move on to the COMMUNITY RE-ENTRY Stage (from month 16 through program exit). During this stage, it is envisioned that he/she will be making arrangements to get housing lined up for after VTC CHP life, solidifying job performance and generally be preparing to move out on his/her own and become self-sufficient.

Once the client has moved out of VTC housing, the Alumni Stage will begin. During this time, the client will be asked to be a mentor to the current residents in CHP, give back to the program and be a role model.

The four stages will now be described in more detail.

STAGE 1: THRESHOLD (Assessment/Intake/Probation, 90 days)

Assessment

This area is part of the THRESHOLD stage, yet will be accomplished prior to Intake. The assessment part of CHP will measure/evaluate client's housing potential and physical, psychological and social needs to determine if VTC can meet them within the scope of VTC's resources, responsibilities and charter. The assessment process will begin when the prospective CHP candidate fills out an application for the program and submits it to his/her case manager. If the client does not have 60 days clean and sober when submitting his/her application, they will be required to attend AA/NA for 60 consecutive days and present signed slips, or he/she will be referred to a drug/alcohol program before being considered for CHP. The client's veteran status will also need to be verified by either DD214 or verification from the VA. Once the case manager receives these items, the case manager will initiate the assessment process. The assessment time frame is undetermined and is not part of the 90 days for the THRESHOLD program.

VTC clients will be assessed as housing candidates. A committee made up of VTC case managers, program director, and executive director, as well as other social service professionals, will make the housing decision on clients applying for CHP. Once the housing decision is made, the intake process will be accomplished (if warranted). If the prospective housing candidate is not accepted for housing, he/she will be informed as to the reasons for non-acceptance for housing and be given the opportunity to remain in VTC's program for case management via outreach.

During the assessment process, the potential housing clients' medical, psychological, criminal, educational, the comprehensive assessment and case manager files (and other files/data as deemed necessary) will be studied for information to help make a determination for housing. In addition, all data/input from their case manager's will be considered in the housing decision process. The case manager is responsible for assembling the above-mentioned information as part of the housing applicant's case file, the file will then be discussed by the housing committee and a determination will be made.

Intake/Probation

Once the housing decision has been made, the client is processed into THRESHOLD. The client will sign a THRESHOLD Living Agreement, which explains the rules and regulations the client is expected to uphold during their first 90 days in CHP. All protocols, house rules, and pertinent forms/information for Intake and client behavior rules, regulations and expectations are presented in APPENDIX B.

The case manager will review the client's file and make a THRESHOLD housing assignment appropriate to the individual's needs. The newly assigned client will sign hand receipts for the VTC property he/she will use and be responsible for during the THRESHOLD stay. These receipts will be cleared and the property inventoried when the client leaves THRESHOLD.

At any one time, up to twelve (12) CHP candidates can be housed in THRESHOLD program status. When they successfully complete 90 days in THRESHOLD (this will also serve as the probationary period prior to entering the CHP community and becoming fully involved in CHP), they will be accepted into the CHP and then move into CHP assigned housing.

The new THRESHOLD client will then be briefed on his/her household chores/responsibilities/duties so as to be a contributing member of the THRESHOLD community, followed by introduction to the other THRESHOLD members.

The probationary period for the new THRESHOLD members will help validate whether or not the new residents are serious about completing the program. Residents will live in a dormitory setting, doubling up in rooms and will be closely supervised by a "resident aide" that will be living in the THRESHOLD unit. Initially, the new residents will focus on understanding the policies and procedures of the program. At the same time, they will be working closely with their case manager to develop a THRESHOLD Action Plan.

This action plan will consist of a listing of the issues the client wants or needs to work on during his/her tenure in THRESHOLD/CHP, the short and long term goals stepped sequentially so these goals can be reached and will list the resources necessary to achieve these goals and issue resolution. The THRESHOLD Action Plan will be used as a contract for members to get to the next stage of the program. If clients do not show any attempt to follow meet their goals and stick to their action plans, they will not become CHP residents and will be asked to leave the program.

Once the action plan has been developed and signed as an agreement by both the case manager (for VTC) and the new resident, residents will begin working the plan and receiving the prescribed supportive and counseling services. This includes any substance abuse issues that the new resident may be facing. AA/NA is required for ANY client with a past history of use of drugs and/or alcohol.

One of the critical goals of the THRESHOLD time frame is to get new residents established in a job or income earning status. Case managers will work with residents to find outside resources that will help stabilize some form of income through the various social programs offered by other organizations. Along with establishing some form of income, residents must locate/develop some kind of employment since they will be expected to pay rent as well as be employed in order to successfully move to the CHP community.

GOALS OF STAGE 1 (THRESHOLD):

1. Understanding policies and procedures of the program
2. Developing an action plan, agreeing to the action plan in the form of a contract and beginning applicable supportive services
3. Stabilizing income: financial assistance from social programs
4. Finding employment/beginning job training/start education programs

5. Becoming an accepted member of the THRESHOLD family and completing assigned chores, duties and responsibilities expected of a family member
6. Have a recommendation from the case manager to the program director showing proof of client having met THRESHOLD Action Plan goals in order to move onto CHP community.
7. Continuation of AA/NA program as required in contract

Breakdown of Stage 1 Goals:

1. *Understanding policies and procedures of the program*
 - a. Residents will be required to complete all necessary applications and paperwork.
 - b. Case managers and Resident Council will review and enforce various policies.
2. *Developing an action plan and entering applicable counseling services*
 - a. Residents will work with case managers to develop their action plan that will become the basis for supportive services for their guide to self-sufficiency.
 - b. The action plan (with its listing of issues and problems to be addressed during the resident's stay with VTC, the short and long term goals, the listing of resources to be provided) will be signed by both the case manager and the client and become a contract between the client and VTC. If the client does not adhere to the contract, it will be cause for removal from the VTC's programs. This plan can be adjusted as needed by mutual agreement, and is considered a "living" document. Every consideration will be given clients before the final step of program removal is exercised.
 - c. Residents will attend medical and counseling meetings at the VA Clinic as needed and as part of their program. The veteran residents will be required to follow their treatment plan as prescribed by their medical/mental health care providers at the VA.
3. *Stabilize income: financial assistance programs/social programs*
 - a. Residents will actively seek to receive aid from various social programs including:
 1. Food Stamps
 2. CALWORKS
 3. Social Security
 4. Food Bank
 5. VA Compensation (if disabled)
 6. Catholic Charities
 7. Legal Aid of the Central Coast
 8. Salvation Army
 9. John XXIII AIDS Ministry

10. YWCA/YMCA
11. TANF
12. General Assistance

4. *Finding Employment*

- a. Residents must be in job training, employed, or enrolled in an educational program before leaving THRESHOLD.
- b. Residents will work closely with case managers to attain employment
- c. Residents will find assistance from employment agencies including:
 1. Arbor Career Center (Salinas)
 2. One-Stop Career Center (Seaside)
 3. Goodwill Industries (Fort Ord)
 4. Mission Trails ROP Programs
 5. Mo. Co. Dept of Social Services
 6. Private Industry Training Center
 7. Employment Development Dept.
 8. CA Dept of Rehabilitation
 9. Interim
 10. Turning Point

During THRESHOLD, residents will create a budget including rent, previous bills, personal expenses, and savings account (if no previous bills). They will also begin to receive various LIFE SKILLS workshops to aid in their readjustment into the community. By the end of THRESHOLD, residents will have begun to repay on previous debts or have created a plan, as part of their treatment plan, to do so.

5. *Becoming an accepted member of the THRESHOLD Community and completing assigned chores, duties and responsibilities expected of a community member.*

It is a critical issue that the new THRESHHOLD members live in harmony with the other THRESHHOLD family members. This will show that he/she has the emotional/psychological maturity to get along socially within his/her group. The successful performance of the assigned duties is another key indicator that the new resident has adjusted to the program, is mature enough to recognize that all group members must make contributions to the group's functions so that the group can become a community. This is the beginning of progress and a major step toward maturity and becoming a more functional person and eventual self-sufficiency.

6. *Have a recommendation from client's case manager to the program director to move client from THRESHOLD to Stage 2, and the CHP Community.*

The case manager must show proof to the program director that the client has been complying with their THRESHOLD Action Plan, meeting their goals, or at least on their way to completion. The program director will take the case manager's recommendation into consideration and make the final decision as to whether or not the veteran will move on to the second stage.

STAGE 2: LIFE SKILLS STAGE (Month 4- 15)

This stage is entitled the LIFE SKILLS Stage (Preparing for Tomorrow). It is here that the client will be working hard and continuously to maintain sobriety and consistent harmonious living with his fellow residents, reliably completing domestic responsibilities, maintaining employment, attending LIFE SKILLS workshops continuing the program he/she committed to and generally growing toward self-sufficiency and emotional adulthood. Residents promoted to Stage 2 are also entitled to privileges that are not allowed in THRESHOLD.

GOALS OF STAGE 2 (LIFE SKILLS):

1. Continue recovery process
2. Focus and work on LIFE SKILLS
3. Meet short & long-term program goals
4. Continue employment
5. Develop a realistic budget & financially live it
6. Develop a plan to address or repay previous debts
7. Pay rent monthly
8. Abide by Lease and Rent Agreement(s)
9. Privileges

Breakdown of Stage 2 Goals:

1. *Continue recovery process:*
Basically two curriculums will be offered: 12-Step (12s) and life skill (LS). The 12s to be used by the client will depend on his/her need – this will be decided jointly between the client and case manager when the CHP contract of participation is developed in THRESHOLD.
2. *Focus on and work on LIFE SKILLS:*
 - a. The LIFE SKILLS classes to be attended will include a basic curriculum of LIFE SKILLS all CHP clients will attend plus those deemed needed for each client's unique personal plan as determined by assessment with the case manager.
 - b. There will be a curriculum of LS ongoing throughout the veteran's stay in CHP. The resident will be required to attend an identified amount of these workshops, as determined in the action plan, offered during this stage of the program.
 - c. These workshops include, but are not limited to:
 - Self-Improvement
 - Money Management
 - Tenant Rights and Responsibilities
 - Job Readiness

- Nutrition and Health
- Parenting
- Legal Rights
- Household Management
- Conflict Resolution

*For a full listing of Life Skills Workshops, please see Appendices.

3. *Meet short & long-term program goals:*

These goals will be developed jointly between the client and the case manager during THRESHOLD. The basic structure of the goals will be that the short term goals will be reachable, small steps that lead to achievable and measurable completion which then in-turn will step toward accomplishment of the long term goals. Each client will design his/her program in concert with the case manager and commit to it in the form of a contract.

4. *Continue Employment, Job Training, Educational Programs:*

- a. During this time they meet with case managers/counselors to discuss future job training
- b. Be in the financial position to be self sufficient by the end of CHP
- c. Show that an adult level of emotional maturity has been reached by faithfully and consistently going to work, maintaining employment and continued income.

5. *Develop a realistic Budget and financially live it (Income Management)*

- a. Income will be divided into specific categories/priorities as taught by Life Skills budgeting classes
- b. Each client's personal income will be looked at by the case manager and the client; they will jointly develop a budget for the client to follow. The budget will be an important part of the client's being able to show adult levels of maturity by successfully following and living within his/her budget.
- c. Set up banking: checking account/savings account

6. *Develop a plan to address/repay previous debts*

- a. Part of gaining financial independence is to develop/have the ability to repay debts. The client will contact a credit counseling agency and set up a plan to lower interest, payments and a specific plan to pay on all debts.
- b. All creditors (IRS, FTB, child support, credit cards, car loans, medical, etc.) will be contacted and arrangements made to repay debts on terms as worked out between the client, credit counseling service and the debt holder.

7. *Pay Rent Monthly*
 - a. One of the key indicators of progress and reaching adulthood is the consistent and faithful payment of rent. The client will be asked to pay his/her rent as per rental agreement.
 - b. Rent to be paid by the client will be an amount equivalent to 30% of his/her gross income
8. *Abide by Lease and Rent Agreement(s)*

The lease will stipulate the arrangements for rent payment and any conditions associated with the privilege of being in the CHP. This agreement is a legally binding document and will be honored by both the client and VTC.
9. *Privileges:*

When the resident has successfully completed THRESHOLD, they are given some privileges when moving into the LIFE SKILLS stage. Residents have an extended curfew, and are only required to complete Saturday Work 10 (ten) weekends out of the quarter.

Stage 3: Community Re-Entry (Month 16-Program Exit)

“Preparing for Tomorrow”

The focus of this stage is for clients to begin planning their future after the Coming Home Program. In order to maintain self-sufficiency, clients will be responsible for actively locating possible resources. They will begin to concentrate efforts on locating permanent housing by working closely with VTC's Permanent Housing Specialist, as well as with other service agencies including the Housing Authority of the County of Monterey the Housing Advocacy Council, CHISPA, and others. Along with this, they will locate programs that will help with first month security deposits and rent provided by such agencies as the Salvation Army, Catholic Charities, and the Housing Advocacy Council. Workshops and groups will begin to focus on establishing connections with prospective landlords and understanding their various rights as tenants in the community. These steps coupled with the savings account and obtaining a Section 8 voucher, will assist the client's transition into the community.

GOALS OF STAGE 3 (RE-ENTRY):

1. Continue employment, education, and job training.
2. Continue life skill workshops.
3. Participation in committees aimed at promoting VTC.
4. Establish a savings account.
5. Work with other service agencies that will help them locate permanent housing.
6. Establish contact points with service agencies that help with security deposits, first month rent, home energy costs, telephone, and food.
7. Mentor new clients entering the program.
8. Create an action plan for entering permanent housing by working closely with case managers.
9. Develop a follow-up plan.
10. Set up support network in the community.

Breakdown of Stage 3 Goals:

1. *Continued employment, education, and job training.*
 - a. Continued employment is a fundamental element of the Coming Home Program so clients can earn money to pay off past debts, begin a savings account, pay rent, build the self esteem and reassurance needed to survive in the outside community, and move toward self-sufficiency.
 - b. At this stage of the program, clients will already be in education or job training so they can increase their income or enter a new field of employment.
 - c. Others involved in education will continue programs at local schools or universities including Monterey Peninsula College, Hartnell Community College, California State University Monterey Bay, and the various adult schools in the county.
 - d. The goal is to give clients increased skills so they can earn greater incomes.

2. *Continue life skill workshops:*
 - a. At this point of the program, the role of the client will change partially from student to teacher. As part of their volunteer service established in the previous stage, Stage 3 clients may be elected to become facilitators of Stage 2 life skill workshops targeted at new clients. This new focus has a two-fold benefit: facilitating workshops will give clients a deeper understanding of like skills previously learned and the relationship built between old and new clients will create a sense of community.
 - b. Clients will be able to choose the life skill workshops that will aid in their supportive network and help prevent relapse once they are in the outside community. These workshops will be based on the person interest of the clients.
3. *Participate in committees aimed at supporting VTC:*
 - a. To further establish a sense of community and belonging to the program, clients will participate in various committees designed to support VTC's mission.
 - b. Committees will include fundraising, public awareness, and internal administration and service.
4. *Establish a Savings Account:*

From the onset of the program, clients will begin a savings account and start saving a portion of their income each month. Clients having difficulty establishing a monthly amount will work closely with case managers to reach an appropriate goal. With this money, and other programs designed to help with rent and security deposits, clients will have the resources needed to enter the outside community.
5. *Work with the Housing Authority of the County of Monterey to find permanent housing:*

Within 30 days of admission to CHP (after THRESHOLD), clients will apply for Section 8 housing through the Housing Authority of the County of Monterey (HACM). At the beginning of Stage 3, clients will begin to contact HACM since some of the vouchers may have become available by this stage. If the voucher is available, clients will actively begin to locate permanent housing in the various locations designated by HACM.
6. *Contact service agencies that help with security deposits, first month rent, home energy costs, telephone, and food.*
 - a. Clients will begin to contact other service agencies that aid in security deposit and first month rent. Such agencies include Housing Advocacy Council, Catholic Charities, and Salvation Army.
 - b. To help offset further costs such as home energy, telephone, and food, clients will connect with other service agencies in the county, such as HEAP/CARE through PG&E, Universal Lifeline through Pacific Bell, and Food Bank of Monterey County.

- c. These efforts, coupled with the savings account should insure a successful transition into the outside community.
7. *Mentor new clients entering the program:*

As part of Stage 3, clients may be asked to help mentor new clients entering the program. As with the life skill workshops this will instill a sense of community plus help in the orientation of new clients in the program. Stage 3 clients will remain mentors throughout the duration of their stay in the program. It is the aim of this mentoring process to create long-term bonds and relationships for both old and new clients, thus establishing a supportive network outside of CHP. One of the mentoring opportunities would include becoming a Resident Aide, where the mentor would live in the THRESHOLD housing with new residents and help guide the THRESHOLD members during their first 90 days in the program.
8. *Create an action plan for entering permanent housing by working closely with case managers and the Permanent Housing Coordinator. (Budget, short-term plan, etc.)*

In the beginning of Stage 3, clients will create an Action Plan for transitioning into the outside community. This Action Plan will not only incorporate the steps needed to enter permanent housing but also remain there. The Action Plan will include proposals for preliminary searches and how to establish connections with prospective landlords. Clients will also prepare new budgets designed to incorporate the increased living costs of the outside community.
9. *Develop a follow- up plan:*

Working with case managers, clients will create a follow-up plan including treatments, workshops, and counseling sessions that may still be needed once in the outside in the community. Clients interested in receiving continued support from VTC will be allowed to use the Day Program services.
10. *Set up support network in the community:*

Upon entering Stage 3, clients begin to set up a support network throughout the outside community. This support network will aid in preventing the client from relapsing into behavior that could lead them back to homelessness. They will identify possible situations or environments that might lead them back to the undesired circumstances and develop plans to help them avoid these pitfalls. Clients will be required to map out their various resources including activities, support groups, and personal connections.

STAGE 4 – Coming Home Program ALUMNI

When the client has reached this stage, he/she has moved out of VTC housing, is living in his or her own residence, self-sufficient, and functioning as a member of the local community. The veteran will be asked to serve as a role model to CHP residents and to mentor in the program as a successful graduate.

GOALS OF STAGE 4 (ALUMNI):

1. Maintain self-sufficiency
2. Take leadership in the alumni association

Breakdown of Stage 4 Goals:

1. *Maintain self-sufficiency:*

The client is expected to be self-sufficient. This means that he/she will be working, going to school or participating in a vocational program while bringing in an income sufficient to sustain a lifestyle conducive to support himself/herself for the long-term without requiring welfare support.

2. *Become a mentor in the alumni association:*

As the client is successfully living as a self-sufficient person, there is a great benefit for the CHP participants working toward self-sufficiency to have the role modeling of a self-sufficient graduate of CHP. CHP graduates will be asked to continue mentoring the current CHP residents by coming back and speaking about their experiences and how to be successful and efficient with their time in CHP.

Appendices

- Case Management Face Sheet
- Intake Face Sheet
- Client Intake Form
- Standard Form 180
- Release of Information
- Individual Action Plan
- Zero Tolerance Form
- AA/NA Sign-In Sheets
- Financial Statement
- Threshold Living Agreement
- Comprehensive Assessment
- Disciplinary Action Form
- Future Contact Form
- Life Skills Matrix



INTAKE FACE SHEET

Date

Documents

_____ Intake Form

_____ SF 180: Date Requested _____ Date Received _____

_____ Background Check (Housing Authority)

_____ VA Status

_____ VA Card

_____ Social Security Card

_____ Driver's License: State _____ Expiration Date _____

_____ Car Insurance _____ Registration _____

_____ Income verification: Monthly income _____

_____ Section 8 Voucher: Date Applied _____

_____ Mental Health: Includes Depression, Substance Abuse, Bipolar, etc...

_____ Medical

_____ Health Insurance: Name _____

Client Contact:

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____

Week 5 _____ Week 6 _____ Week 7 _____ Week 8 _____

Week 9 _____ Week 10 _____ Week 11 _____ Week 12 _____

Week 13 _____ Week 14 _____ Week 15 _____ Week 16 _____



Veterans Transition Center
of Monterey County

Today's Date: _____

Name: _____

SSN: _____-_____-_____

Phone: (_____) _____-_____

Street: _____

City: _____ State: _____ Zip: _____

DOB _____ Place of Birth _____

**Ethnicity-Check only
one**

- ☐ White
☐ Black
☐ Hispanic
☐ Native
American/Alaskan
☐ Asian/Pacific
Isle/Filipino

Gender

- ☐ Male
☐ Female

Marital Status

- ☐ Single
☐ Married Date _____
☐ Separated Date _____
☐ Divorced Date _____
☐ Widowed Date _____

- ☐ Street
☐ Rental
☐ Own Home
☐ Emergency Shelter

Resident Status Code

- ☐ Transitional House
☐ Psychiatric Facility
☐ Substance Abuse TX
or Detox Facility
☐ Jail/Prison
☐ Hospital
☐ Friend
☐ Relative
☐ RV/Camper/Automobile

Marital Status Code

- ☐ Single Male
☐ Single Female
☐ Single Male HH/Hold
☐ Single Female
HH/Hold
☐ Couple with No Children

- ☐ Two-Parent Family

Number of Children _____

Are you currently paying child support? _____

If so, how much monthly? _____

How many months past due? _____



If homeless, how long have you been homeless including this month? _____

Child's Name	Gender	DOB

If Living In A Treatment Facility, Fill In The Following Information:

Name of TX Facility: _____

Contact Person: _____

Contact Phone Number: _____

Discharge Date: _____

Emergency Contact _____ Relationship _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Secondary Contact: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

☐ **Check if living with emergency or secondary contact at the time of applying for service.**

EDUCATION HISTORY

☐ Less Than H.S. (1-8th Grade)

☐ Some H.S. (9-12th Grade)

☐ High School Diploma

☐ G.E.D.

☐ Attended Vocational/Technical School

☐ Attended Some College Classes

☐ Graduated From Vocational/Technical School

Field Of Study: _____

☐ Undergraduate College Degree

Field Of Study: _____

☐ Graduate Studies

Field Of Study: _____

Are you currently enrolled in school? _____

If so, what school? _____

If you are interested in school, have you applied for admission? _____

MILITARY INFORMATION

Branch of Service

- ☐ Army ☐ Navy ☐ Air Force
☐ Marine Corps ☐ Coast Guard

Period of Service

- ☐ WWII 1941-1946 ☐ Grenada 1982-1984 ☐ Somalia
☐ Korea 1950-1955 ☐ Panama 1989-1990 ☐ Peace Time
☐ Vietnam 1961-1977 ☐ Persian Gulf

Discharge Status:

- ☐ Honorable ☐ Bad Conduct
☐ General Under Honorable Conditions ☐ Dishonorable
☐ General Other than Honorable Conditions

Date Entered Service: _____

VA Disability Percent: _____

Discharge Date: _____

Disability Type _____

Served in Combat: ☐ Yes ☐ No

Copy of DD214 Available: ☐ Yes ☐ No

SUBSTANCE USE

Date of last tobacco use _____ Frequency _____ Type _____

Date of last alcohol use _____ Frequency _____

Date of last drug(s) use _____ Frequency _____

Date of last IV drug(s) use _____ Frequency _____

Drug of Choice:

- ☐ Marijuana/THC
☐ Barbiturates/tranquilizers
☐ Amphetamines
☐ Hallucinogens
☐ Cocaine
☐ Narcotics/Opiates/Heroin
☐ Other _____

IV Drug of Choice:

- ☐ Heroin
☐ Cocaine
☐ Methamphetamine
☐ Heroin and Cocaine
☐ Heroin and Methamphetamine
☐ Cocaine and Methamphetamine
☐ Other _____

MEDICAL HISTORY☐ Learning Disability☐ Developmental Disability☐ Physical Disability☐ Chronic Health Problems**If checked, please answer the following questions**

Treating Physician _____

Frequency of office visits _____

Current Medication(s)	Dosage	Taken Since	Purpose

Mental Health History☐ Psychiatric Diagnosis**If checked, Please answer the following questions**

Diagnosis _____

Do you have both a substance abuse problem and a psych-diagnosis (DualDiagnosis)? _____

Have you received counseling and/or been hospitalized for this? _____

When _____

Where _____

Treating Physician _____

Frequency of office visits _____

Next scheduled appointment _____

History of a traumatic experience _____

Current Medication(s)	Dosage	Taken Since	Purpose

☐ Have you been tested for TB in the last 6 months?

☐ Have you been tested for Hepatitis B or C in the last 6 months?

If so, Please Circle: Hepatitis B Hepatitis C

☐ Have you been tested for a sexually transmitted disease in the last 6 months?

☐ Any other health problems? Please Describe or explain: _____

LEGAL HISTORY

Any outstanding warrants _____ For _____

Felony Convictions _____ For _____

Parole/Probation Officer's Name _____

Contact Phone Number _____

Misdemeanor Convictions _____ For _____

EMPLOYMENT HISTORY

Employment Status:

☐ Employed Full-Time, Permanent (40 Hours Per Week Or More)

☐ Employed Part-Time, Permanent (Less Than 40 Hours A Week)

☐ Employed Part-Time, Seasonally Or Temporarily

☐ Not Employed And Not In Any Training Or Academic Program

☐ Enrolled In Training Or Academic Program And Not Employed

☐ Enrolled In Training Or Academic Program And Employed

☐ Participating In An Unpaid Job Experience Or Internship

☐ Homemaker

☐ Not Able To Work

Last date worked Last hourly wage Current monthly income

How long have you been employed by your current employer? _____

What is your current occupation? _____

How many employers have you had in the last five years? _____

Please list employers from the last five years

Employer	Duration	Reason For Leaving

Employment Areas of Interest _____

Employment Strengths _____

Limitations _____

Employability Status:

- ☐ Employed
- ☐ Employable, has skills, needs job search assistance
- ☐ Near employable, has some skills, may need planning and training
- ☐ Pre-employable, requires substantial preparation

Referred Source:

- ☐ Stand Down
- ☐ Jails/Courts
- ☐ Internet
- ☐ VAMC/VAOPC
- ☐ Community Hospitals
- ☐ Flyer
- ☐ Vet Center
- ☐ Salvation Army
- ☐ Friend/Relative
- ☐ EDD
- ☐ Library
- ☐ Other

Applied or Receiving:

- ☐ Medicare
- ☐ Social Security
- ☐ Aid To Families With
- ☐ Medicaid
- ☐ Employment Income
- ☐ Dependent Children
- ☐ Medi-Cal
- ☐ General Relief
- ☐ Supplemental Security
- ☐ Unemployment Benefits
- ☐ Child Support
- ☐ Income
- ☐ Section 8
- ☐ Retirement Pension
- ☐ Social Security Disability
- ☐ Savings or IDA
- ☐ Military Retirement
- ☐ Insurance
- ☐ Food Stamps
- ☐ Veterans Benefits
- ☐ Inheritance/Trust Recipient
- ☐ Other _____

Services Needed: Please check**Services Provided or Referral Given/Identify needs**☐ Emergency Housing

☐ Transitional Housing

☐ Food / Clothing

☐ Medical Treatment

☐ Psychiatric Treatment

☐ Drug/Alcohol Services

☐ Legal Assistance

☐ Transportation

☐ Employment

☐ Tools/Work Clothes

Other

Initial Inside the Box Below If Applicable:☐ I declare, under penalty of perjury, that I am homeless. This means I lack a fixed, regular, adequate nighttime residence.☐ I declare, under penalty of perjury, that I will become involuntarily homeless. This means I will lack a fixed, regular, adequate nighttime residence, within the next 30 days.

Signature of Client

Date

Notice

The information provided on this Client Intake form is private and strict confidentiality will be observed. Some of the data provided on this application form will be used for statistical purposes as required by various funding sources. However, names, social security numbers or other means of identifying the Client are not disclosed.

Signature of interviewer/title

Date



RELEASE OF INFORMATION

I, _____

SS# _____

DOB _____, hereby authorize the VTC Program Staff to obtain and/or release all records, reports, and any/all information deemed necessary for my progress in the Coming Home Program from _____ (Date) to _____ (Date).

This information will be used by Program Staff for the purpose of assisting the undersigned client in his/her progress toward self-sufficiency and economic independence, and is subject to all pertinent laws and rules concerning privacy and confidentiality.

By signing this release form, the undersigned client is granting unlimited communication of information deemed necessary by the VTC Program Staff (for the undersigned client's progress) to/from any/all agencies/individuals having such information. This Release of Information, regardless of the dates stipulated above, will be terminated/invalid upon completion of and/or termination from the CH Program.

The information released as per above has been disclosed from records protected by the Federal Confidentiality Rules (CFR 42 Part 2). These rules prohibit any further disclosures of this information unless specifically authorized in writing by the undersigned client or as otherwise permitted by CFR 42/2. The federal rules restrict the use of any of this information to criminally investigate or prosecute the undersigned client.

VTC Staff

Program Participant/Client

Date _____

Date _____

[illegible]

Permanent Housing

Date _____

Issues: _____

Goals: _____

Objective: _____

Methodology: _____

Review:

_____ Month _____ Month _____ Month _____ Month _____ Month _____

_____ Month _____ Month _____ Month _____ Month _____ Month _____

What are your goals for housing once you complete the program?

Apt/house _____

Number of bedrooms _____

Monthly rent _____

Proximity to:

- Bus stop _____
- Employment _____
- Family members _____
- Child care facilities _____

How will you financially manage your monthly rent?

Housing Authority _____ Eligible _____ Applied _____

Section 8 Voucher _____

Low-rent conventional housing _____

Life Skills: _____

The Housing Search _____

Tenant's Rights and Responsibilities _____

Target Date _____ Date Attended _____

Permanent Employment

Date _____

Issues: _____

Goals: _____

Objective: _____

Methodology: _____

Review:

_____ Month _____ Month _____ Month _____ Month _____

_____ Month _____ Month _____ Month _____ Month _____

Update Progress

Objective: _____

Methodology: _____

Objective: _____

Methodology: _____

Education

Date _____

Issues: _____

Goals: _____

Objective: _____

Methodology: _____

Review:

_____ Month _____ Month _____ Month _____ Month _____

_____ Month _____ Month _____ Month _____ Month _____

Update Progress

Objective: _____

Methodology: _____

Objective: _____

Methodology: _____

Job Skills Training

Date _____

Issues: _____

Goals: _____

Objective: _____

Methodology: _____

Review:

_____ Month _____ Month _____ Month _____ Month _____

_____ Month _____ Month _____ Month _____ Month _____

Update Progress

Objective: _____

Methodology: _____

Objective: _____

Methodology: _____

Life Skills Training

Date _____

Issues: _____

Goals: _____

Objective: _____

Methodology: _____

Review:

_____ Month _____ Month _____ Month _____ Month _____

_____ Month _____ Month _____ Month _____ Month _____

Required Life Skills Classes:

Budgeting and Money Management

- Created spending plan
- Setting short term
- long term goals

Credit 101

- Credit Report
- Repaying Past Debt
- Credit Consolidate/Credit Counseling

Target Date: _____

Review Date: _____

Follow-up: _____

How much will you save monthly toward security deposit and/or first month's rent? _____

How much do you want to save by the end of the year? _____

Community Activities

Date _____

Issues: _____

Goals: _____

Objective: _____

Methodology: _____

Review:

_____ Month _____ Month _____ Month _____ Month _____

_____ Month _____ Month _____ Month _____ Month _____

Update Progress

Objective: _____

Methodology: _____

Objective: _____

Methodology: _____

I, _____, have participated in the creation my Individual Action Plan and agree to work toward the achievement of goals set forth while I am receiving services from the Veterans Transition Center's Coming Home Program. Accordingly, I agree to follow my Individual Action Plan and understand that ***not actively*** working on set forth goals can result in my being dismissed from the Coming Home Program.

Client (*Print Name and Sign*) _____ Date

Program Director (*Print Name and Sign*) _____ Date

Case Manager (*Print Name and Sign*) _____ Date

Life Skills Coordinator (*Print Name and Sign*) _____ Date



Veterans Transition Center
Policy Guidance

Subject: Drug and Alcohol Use While at Veterans Transition Center (VTC)

1. The Coming Home Program maintains a ZERO TOLERANCE policy regarding any drug or alcohol use for any client accepted at VTC. This includes 60 days before and during the application to the program, regardless of source. This ZERO TOLERANCE policy includes restrictions on use of “over the counter” medications. Any medicines must be cleared by the VTC staff before a client administers any medicine, as some medicines will result in a “positive” for drug test screenings.
2. VTC also maintains the right to conduct random drug and alcohol tests on clients accepted into the program. Detection of any drug substance not previously approved by staff or detection of alcohol within an individual’s system, is grounds for immediate dismissal from the program.
3. Upon application and acceptance into the Coming Home Program, the client agrees and consents to drug and alcohol testing as required by the program. Refusal to comply with testing requirements is also grounds for immediate dismissal from the program.
4. All clients will sign a copy of this policy, which will be kept on record in their file.

Client Signature

Client Name Printed

Date

Program Staff Signature

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ **Date** _____
Participant's Name _____
AA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

Time _____ Date _____
Participant's Name _____
NA Volunteer _____
Location _____

FINANCIAL STATEMENT

Personal Property

Vehicle ID #	Vehicle Model/Make And License #	Vehicle State of Registration/Expiration Date	Insurance Company/Policy Number/Expiration Date	Lienholder

Assets

	Type of Asset	Value
Cash on hand		
IRAs		
401Ks		
Inheritance		
Alimony		
Lottery Winnings		
Settlements		
Property		
Stocks/Bonds/CDs		

Benefits

Medical Provider	Policy Number	Co-Pay	Monthly Deduction
Dental Provider	Policy Number	Co-Pay	Monthly Deduction
Life Insurance	Policy Number	Insured Amount	Monthly Payment

Financial Institutions

Bank Name	Account Number	Type of Account	Amount in account

Initial on the line below:

_____ I declare, under penalty of perjury, that I have listed all my financial information accurately and to the best of my knowledge.

Signature of Client

Date

Signature of Staff and title

Date

VETERANS TRANSITION CENTER COMING HOME PROGRAM

THRESHOLD LIVING AGREEMENT

I, _____, accept the conditions of this Threshold Living Agreement. I understand that this Agreement serves to protect my fellow tenants and me in the Coming Home Program. I further understand that an agreement of this type serves as the foundation for a successful, cooperative community living experience.

PLEASE READ AND INITIAL EACH ITEM.

1. ____ Client will maintain continuous sobriety and clean time during occupancy and will not possess or consume any alcohol, drugs or paraphernalia at any time while in the Coming Home Program on or off the premises.
2. ____ Client will continue to attend 12 step and aftercare programs weekly, if applicable. Client is responsible for submitting signed slips of attendance to his/her case manager.
3. ____ Client will attend weekly community meetings.
4. ____ Client will attend Saturday Mornings.
5. ____ Client will attend Life Skills Training classes, unless he/she has made arrangements with his/her case manager.
6. ____ Client will attend Resident House Meetings, unless he/she has made arrangements with his/her case manager.
7. ____ Client agrees that there will be **NO SMOKING** inside the units.
8. ____ Client understands that **NO PETS** are allowed on the premises.
9. ____ Client understands that under no circumstances will there be any overnight guests.
10. ____ Client understands that he/she will not be intimately and/or sexually involved with one another, on or off site, during residency at CHP.

11. ____ Client agrees that all entertaining will be done in the open community areas only, and that guests' hours are 5:00 p.m. until no later than 9:00 p.m. and after weekend chores on Saturday. Guests' include other Coming Home Program residents.

12. ____ Client agrees to the **11:00 p.m. Coming Home Program Threshold curfew**, unless he/she is working and has made arrangements with his/her case manager.

13. ____ Client agrees that all personal radios and televisions are to be adjusted to a level that cannot be heard outside the occupant's quarters.

14. ____ Client agrees to be clean and well groomed at all times. Each client is responsible for his /her own hygiene.

15. ____ Client agrees that he/she will perform rotating house chores. These chores will consist of cleaning and are of all internal and external community areas.

16. ____ Client agrees to use only proper cleaning materials. **Do not mix ammonia with bleach or other products that contain these substances. The results could be a poisonous gas.**

17. ____ Client agrees to properly store all food items, personal supplies and tools in designated areas only. These areas will be defined and outlined by the Caretaker.

18. ____ Client agrees to sleep in designated bed and room. There will be no sleeping in other internal or external community areas.

19. ____ Client agrees to comply with the following requirements in order to insure proper upkeep of the Veterans Transition Center housing.

GENERAL

- a. Client will turn off all lights, appliances or heat before leaving and make sure all windows and doors are closed and locked.
- b. Client agrees to report all broken fixtures, loose wires, faulty plumbing and any other unsafe condition (inside or outside). All reports will be made to the Caretaker.
- c. Client agrees to maintain trash enclosures and clean up any trash that is not in the container. The lid will be closed after each use.
- d. Client will need to arrange alternative storage for excess personal belongings, such as furniture, household items, boxes, tools, etc.

OUTSIDE

- a. Client will ensure the general exterior is clean and free of trash at all times.
- b. If you see trash on the ground, pick it up.

- c. Client agrees to store items in outside storage shed or inside where appropriate.

KITCHEN

- a. Client agrees that when using kitchen facilities all cooking utensils, sinks, counter tops and tables will be cleaned after use.
- b. Client will dispose of waste food immediately in trashcans.
- c. Client will sweep and mop floors regularly.

BATHROOM

- a. Client will not flush anything down the toilet except for toilet paper and human waste. The toilet will be flushed after each use.
- b. Client will sweep and mop floors regularly.
- c. Client will clean sinks, shower/bathtub and toilet bowls with appropriate cleaners on a regular basis.

MOTOR VEHICLES

- a. Client agrees to have all vehicles operable, registered and insured. All vehicles will be parked legally at all times.
- b. Client will not perform major automotive work, oil changes etc. on the premises.

20. ___ Client agrees that the Program Director or his/her designee(s) may, for health and safety purposes and without prior notice, inspect client's housing unit. Inspections will be conducted during daylight hours unless imminent threat to health and safety is suspected.

21. ___ Client understands that sexual harassment of any kind will be grounds for dismissal from the program.

22. ___ Client understands that under no circumstances will weapons be permitted on the premises of Veterans Transition Center housing.

23. ___ Client agrees to refrain from violence, threatening behavior, or disturbing the peaceful enjoyment of the premises and of the other residents.

24. ___ Client agrees to refrain from and cause members of client's household or guests to refrain from acting or speaking in an abusive or threatening manner toward housemates, neighbors and staff.

25. ___ Client understands that this Agreement and the privilege of residing at the Veterans Transition Center housing may be terminated at any time without cause. Once the Rental Agreement is signed, the terms of that Agreement will be in effect.

26. ___ Client understands that the first 90 days of participation in the Coming Home Program is a probationary period. During this period, the client is considered a guest of the Program, and accordingly, will be asked to leave at any time.

27. ____ Client understands that he/she is expected to be actively engaged in work, job training, job search, childcare, education or personal healthcare from 9:00 a.m. until 3:00 p.m. Monday through Friday.

28. ____ Client agrees to pay the required security deposit of \$250.00 per bedroom at the time of signing the lease. If this creates a hardship for you, payment arrangements can be made.

29. ____ Client understands that at the end of the Threshold period, they may be invited to continue the Coming Home Program as a Stage 2 participant. At that time, you will be required to sign a one-year Rental Agreement and begin to pay rent.

30. ____ Failure to adhere to the conditions of this Threshold Living Agreement will result in termination from The Coming Home Program and immediate removal from the housing unit.

IN WITNESS WHEREOF, the parties hereto have executed the Agreement in duplicate the day and year indicated below.

Date

Client

Case Manager

Program Director



Client Name: _____

SS#: _____

Comprehensive Assessment

Needs and Goals:

Current (or most recent) Family Composition

Family Composition	(s) Age ()	Substance Abuse	Major Health/Mental Problems
Significant Other			
Most recent Ex-Significant Other			
Children			

Include step-children, by using (s) as a prefix under the "age" category, If deceased, use (1) as a suffix.)

Comments: _____

Education:

Years of School Completed? _____

Post High School Area of Concentration of Major: _____

Future Educational Goals: _____

Comprehensive Assessment

Needs and Goals:

Medical History

<input type="checkbox"/> No problem	<input type="checkbox"/> No problem	<input type="checkbox"/> No problem	<input type="checkbox"/> No problem
<input type="checkbox"/> Seizures	<input type="checkbox"/> Painful teeth	<input type="checkbox"/> Surgery	<input type="checkbox"/> Stiffness
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Angioplasty	<input type="checkbox"/> Back pain
<input type="checkbox"/> Migraines	<input type="checkbox"/> Missing fillings	<input type="checkbox"/> Chest pain/engina	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Numbness/tingling	<input type="checkbox"/> Fractured teeth	<input type="checkbox"/> Palpatations	<input type="checkbox"/> Limitation of movement
<input type="checkbox"/> Stroke	<input type="checkbox"/> Need check-up	<input type="checkbox"/> Hx of rheumatic fever	<input type="checkbox"/> Deformity
<input type="checkbox"/> _____	<input type="checkbox"/> Need dentures	<input type="checkbox"/> _____	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> _____			
<input type="checkbox"/> No problem	<input type="checkbox"/> No problem	<input type="checkbox"/> No problem	<input type="checkbox"/> No problem
<input type="checkbox"/> Glasses/contacts	<input type="checkbox"/> Sleep apne	<input type="checkbox"/> Constipation	<input type="checkbox"/> Psoriasis
<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Eczema
<input type="checkbox"/> Pain	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bloody stools	<input type="checkbox"/> Scabies
<input type="checkbox"/> Inflammation	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Impetigo
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Stomach problems	<input type="checkbox"/> Acne
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Boils
<input type="checkbox"/> _____	<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Colitis	<input type="checkbox"/> Warts
<input type="checkbox"/> _____	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Fungus/jungle rot
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____			
<input type="checkbox"/> No problem	<input type="checkbox"/> No problem	<input type="checkbox"/> No problem	<input type="checkbox"/> No problem
<input type="checkbox"/> HOH/deafness	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> STD	<input type="checkbox"/> Cancer
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Numbness	<input type="checkbox"/> Testicular pain	<input type="checkbox"/> Tumor
<input type="checkbox"/> Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Prostate problem	<input type="checkbox"/> Liver
<input type="checkbox"/> Discharge	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Vasectomy	<input type="checkbox"/> Pancreas
<input type="checkbox"/> Tinnitus	<input type="checkbox"/> Anemia	<input type="checkbox"/> Impotent	<input type="checkbox"/> Kidney
<input type="checkbox"/> _____	<input type="checkbox"/> Bruising	<input type="checkbox"/> Practice safe sex	<input type="checkbox"/> Bladder
<input type="checkbox"/> _____	<input type="checkbox"/> Clotting problems	<input type="checkbox"/> Last pap smear	<input type="checkbox"/> Hernia
<input type="checkbox"/> _____	<input type="checkbox"/> Edema	<input type="checkbox"/> Last mammogram	<input type="checkbox"/> Jaundice
<input type="checkbox"/> _____	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Menstrual problem	<input type="checkbox"/> Urinary tract
<input type="checkbox"/> _____	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Pelvic inflammatory disease
<input type="checkbox"/> _____	<input type="checkbox"/> Sickle cell anemia	<input type="checkbox"/> Miscarriage(s)	<input type="checkbox"/> Allergic to:
		<input type="checkbox"/> Hysterectomy	

Emotional History

Provide information over last 5 years

[illegible]

Comprehensive Assessment

Do you see any pattern in being discharged or leaving your job? (also other comments):

Substance Abuse:

Type of Substance	How administered?	Date of first use	Date regular use began	When did you first realize you had a problem?

How has your substance abuse impacted your life? (Y = yes, N = no)

- Have you experienced blackouts? If yes, when? _____
- Have you experienced seizures? If yes when? _____
- Have you experienced alcohol poisoning? If yes, when? _____
- Have you ever overdosed? If yes, what were you on? _____
- Have you been hospitalized because of substance abuse? _____
- Has it caused you to have legal problems? _____
- Has it negatively affected your relationships with others? _____
- Has it contributed to a divorce proceeding? If yes, when? _____
- Has it interfered with your relationship with your children? _____
- Did it cause you to be discharged from the military? _____

Treatment History:

- Have you ever received any treatment for your substance abuse problem?
Have you been treated with antabuse, naltrexone or methadone? (check and circle)

Treatment History:

[illegible]

Comprehensive Assessment

Comprehensive Assessment
(Y – yes, N = no)

- ___ Are you performing community service?
- ___ Do you have outstanding tickets or traffic violations?
- ___ Are you required to pay child support?
- ___ Are you required to pay spousal support?
- ___ Do you have revenue and recovery payments?
- ___ Do you require legal assistance?

Comments: _____

Comprehensive Assessment:
(Information here is to begin with juvenile offenses.)
History of crimes directly related to alcohol and/or drug usage.

Offense	Misdemeanor or felony	Time served	Begin date	Outcome: Probation or Parole	Officer's name: Probation or parole

CASE MANAGER’S ASSESSMENT:

(Print) Staff name/title: _____ Date: _____

Client _____ Comprehensive Assessment
**Developmental History:
Family Composition**

Family	(s) Age (1)	Alcohol/Drug Abuse	Psychiatric History
Mother			
Father			
Siblings			
Client			

(Include step-parents, step-brother, etc., by using (s) as a prefix under the “age” category. If deceased, use (1) as a suffix. Divorced former souse = “Div”).

Comments: Age at time of divorce, or death of significant persons. _____

List family members who are supportive of your treatment: _____

What was religion like in your home? _____

What did your family really care about? _____

What are your own religious or spiritual practices today? _____

What disciplinary methods were used in your home? _____

Did you experience any physical or sexual abuse, or other trauma as a child? _____

What kind of kid were you? _____

What goals and aspirations did you have as a teenager? _____

Comprehensive Assessment

Medical Information:

What medications(s) are you now taking, including over-the-counter medicines?

Medication	Dosage	When started	For what purpose

What significant medication(s) have you taken in the past?

Medication	Dosage	When started	For what purpose

Has any medication you have taken had significant side effects? _____

Are you currently under the care of a doctor? Y N If yes, who are you seeing, where, and for what?

When is the last time you saw a doctor or had a complete physical? _____

When is the last time you saw a doctor or had a complete physical? _____

Mental Health History:

DIAGNOSIS	Date 1 st aware	Date 1 st Tx	Tx Facility	Tx Completed?
Anxiety Disorder				
PRSD				
Adult Trauma				
Depression				
Bipolar				
Sexual Disorder				
Eating Disorder				
Schizophrenia				
Other				

Comprehensive Assessment

Military Experience

What was your M.O.S. (Military Occupational Speciality)? _____

Did you serve in a war zone? (where?) _____ Involved in combat? _____

If so, describe experiences briefly, including types of operations and typical activities, and any unusually traumatic events (can continue on back) _____

What was military service like for you? _____

Did you have any legal or disciplinary problems in the military? _____

What type discharge? _____

Do you receive any VA disability benefits? _____ What % _____ If not, do you want to apply? _____

For what? _____ Do you need help with this? _____

MENTAL STATUS EVALUATION

Have you ever attempted suicide? _____ If so, how? _____

How many times? _____ Are you having thoughts of suicide now? (If yes) Do you have the means to enact this plan? (Include details) _____

Are you having thoughts of harming others? _____ (If yes) who? _____

(TARRASOFF Report required?)

Appearance

- ☐ Neat, clean
- ☐ Unkempt
- ☐ Inappropriate or bizarre
- ☐ _____

Manner

- ☐ Friendly cooperative
- ☐ Suspicious, defensive
- ☐ Hostile, irritable
- ☐ Passive, withdrawn
- ☐ _____

Motor activity

- ☐ Relaxed, at ease
- ☐ Tense, rigid
- ☐ Agitated, restless
- ☐ Bizarre gestures
- ☐ Tic, tremors
- ☐ _____

Mood & Affect

- ☐ Normal, appropriate
- ☐ Inappropriate
- ☐ Anxious mood
- ☐ Depressed mood
- ☐ Elevated, euphoric
- ☐ Flat affect
- ☐ Shifting, labile
- ☐ _____

Memory (self-report)

- ☐ Unimpaired
- ☐ Impaired
- ☐ Recent
- ☐ Remote

Speech

- ☐ Appropriate
- ☐ Rapid, pressured
- ☐ Slowed pace
- ☐ Loud
- ☐ Slurred
- ☐ Stuttering
- ☐ _____

Evidence of Thought

Impairment

Hallucinations

- ☐ Auditory
- ☐ Visual
- ☐ Tactile

Delusions

- ☐ Persecution
- ☐ Grandeur
- ☐ Reference

Thought Flow

- ☐ Perseverations
- ☐ Loose associations
- ☐ Flight of ideas

Insight & Judgement

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Grossly impaired
- ☐ _____



The Coming Home Program

Dates:

- ☐ **DISCIPLINARY WRITE-UP:** _____
- ☐ **DISCIPLINARY WRITE-UP WORKED OFF:** _____
- ☐ **PROBATION:** _____
- ☐ **DISCHARGE:** _____

Client's Name: _____

Case Manager's Name: _____

Reason for Write-Up/Discharge: _____

Date: _____ Time: _____

Corrective Action Taken : _____

Client Signature: _____

Case Manager Signature: _____

Cc: Program Director



FUTURE CONTACT FORM

Complete this form with the client at intake and update it every six months.

Client's Name (Last Name, First Name): _____

Client's Social Security Number:..... _ _ - _ - _ _ _

Today's Date (mm-dd-yy):..... _ - _ - _ - _

Current Address:

_____ Zip Code _____

Phone: () _____

Second Possible Address:

_____ Zip Code _____

Phone: () _____

Next of Kin/ Significant Others/ Conservator/ Guardian or other persons who may be able to contact client:

Name: _____

Relationship: _____

Address: _____

_____ Zip Code _____

Phone: () _____

Name: _____

Relationship: _____

Address: _____

_____ Zip Code _____

Phone: () _____

Client's Statement:

I give the staff of VTC permission to contact me for follow-up of my progress after I leave this program. If I cannot be reached, I give the staff at VTC permission to call the contacts listed above.

Signed _____

Date _____

Witness _____

Date _____

Life Skills for Low-income and Homeless Individuals In Monterey County

SELF IMPROVEMENT:

- Assertiveness Training, Self-esteem & Communication skills
 - Depression
 - Loneliness
 - Anger Management
 - How to reach your goals
 - Dealing with stress
 - Alcohol & drugs
 - Self Image
- Domestic Violence & Relationship Dynamics
 - Accessing Support Service
 - Assault Victim's Rights
 - Warning signs and Prevention
 - Domestic Violence and Children
 - Developing healthier relationships

MONEY MANAGEMENT:

- Credit Counseling
- Budgeting & Bank
- Understanding Credit Reports and resolving bad credit

HOUSING:

- Tenant Rights & Responsibilities (Landlord and Tenant)
- Financial Assistance (Accessing services/eligibilities)
- First Time Home Buyers (How to (steps)/ Benefits)
- Accessing & Maintaining Housing
- Section 8 (How to use them)

JOB READINESS:

- Job search
- Computer Skills
 - (basics/search engines/etc.)
- Resume Writing
- Interviewing
 - Follow-up
 - Communication methods
 - Dressing
- Job Retention
 - Basic habits needed to keep job
 - Dealing w/ barriers to practice those habits regularly
 - Dealing with Conflicts
 - Office etiquettes, employer's expectations

NUTRITION & HEALTH:

- Basic daily eating habits
- Using Medical care
- How to utilize local resources
- Immunization
- STDS

PARENTING:

- Dealing w/ Teenagers
- Disciplining your child
- Teaching Values
- Parents & Divorce

LEGAL RIGHTS:

- Civil Rights
 - Education, taxes, voting, housing, etc.
 - Vagrancy & Loitering laws/Assault cases (proper steps)
 - Homeless & Earned Income Tax Credit (EITC)
- Benefits
 - Housing, food, doctors, education
- Medication
 - Procedures

LITERACY & LANGUAGE SKILL:

- ESL Classes
- Functional reading and writing skills for work, household and safety operation

HOUSEHOLD MANAGEMENT:

- Food Preparation
- Housekeeping
- Paying bills
- Smart shopping

CONFLICT RESOLUTION & ASSERTIVENESS TRAINING:

- Anger management
- Being more assertive about needs
- Effective conflict solving

COMMUNITY RESOURCES:

- Emergency contacts
- Accessing community services

COLLEGE PROGRAMS FOR CALWORKS PARTICIPANTS